DOCUMENT RESUME

ED 351 659 CG 024 662

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TITLE Necessary Lies and the "Secret Self": Preconscious Fantasies as a Response to Childhood Trauma.
PUB DATE 15 Aug 92
NOTE [illegible]p.; Paper presented at the Annual Convention of the American Psychological Association (100th, Washington, DC, August 14-18, 1992).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Case Studies; *Cognitive Style; *Coping; *Family Relationship; *Fantasy; Parenting Skills; *Parents; Psychological Characteristics; Psychological Patterns; Theories
IDENTIFIERS *Traumas

ABSTRACT

This paper examines the consequences of the chronic trauma produced by parental inadequacy, when the need to know a painful reality is coupled with the need not to know. It follows what the author believes was Freud's intent in making a distinction between the processes of denial and disavowal. In particular, the paper examines the fantasy that occurs as part of the work of disavowing a psychic trauma that must be dealt with, and the pervasive cognitive style, which Freud called "splitting of the ego," associated with the fantasy. It argues that clinically, the presence of this cognitive style serves as an identifying marker for the processes under discussion, and analysis of this style is key to the treatment. A clinical example of a 36-year-old woman who entered treatment with overwhelming feelings of unhappiness is used to make the ideas concrete. It is noted that the "to and fro between disavowal and acknowledgement" characteristic of the doublethink process creates confusion not only in the patient but in the therapist as well and concludes that helping patients deal with this cognitive style created by early psychic trauma, requires belief in the patient's experience of consistent contradictions, and a firm commitment to exploration of the patient's conscious and preconscious thought, in addition to unconscious processes. (ABL)

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Necessary Lies and the "Secret Self": Preconscious Fantasies as a Response to Childhood Trauma

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Presented at:

Centennial Convention of the American Psychological Association
Washington, D.C.
August 15, 1992

CG024662

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In this paper I will examine the consequences of the chronic trauma (Dorpat, 1985) produced by parental inadequacy, when the need to know a painful reality is coupled with the need not to know. I will follow what I believe was Freud's intent in making a distinction between the processes of denial and disavowal. In particular, I will explore the fantasy that occurs as part of the work of disavowing a psychic trauma that must be dealt with, and the pervasive cognitive style, which Freud (1940) called "splitting of the ego," associated with this fantasy. I will argue that clinically, the presence of this cognitive style serves as an identifying marker for the processes under discussion, and analysis of this style is key to the treatment.

To make these ideas concrete, I will start with a clinical example. Janet is a 36 year old woman who entered treatment with overwhelming feelings of unhappiness. A key factor in Janet's development was her mother's frequent depressions. Her mother was often impaired and was hospitalized several times during Janet's childhood. Janet remembers her father much more positively, but with a strong sense of his self-involvement. She said "my father would talk without listening...we had dinner at 6, he got up at 6:20 to watch sports on T.V., from 6 to 6:20 he would talk nonstop about his day." Thus, both of Janet's parents had great difficulty in becoming attuned to her needs.

A favorite fantasy Janet remembers from childhood is being a scout in Indian territory in the old west, leading the way through a hostile space. The strength revealed in this fantasy, and the presence of several nurturing adults in her environment, allowed Janet to cope with her difficult childhood world. She developed a world of fantasy, associated with a pleasant "cloudy feeling." "I used to create this whole world for myself in these clouds and I would only

come out every so often" she said. As part of this fantasy world, Janet developed the ability to pretend that her mother was not sick, coupled with the secret knowledge that her pretense was really "just make believe." In a sense, in this paper I am discussing a particular use of the ability to "make-believe," to cope with painful reality.

In Janet's world, experience and reality got very confused. Even with her soothing compensatory fantasies, Janet was aware as a young child, that something was wrong in her family. Further, as one might expect, to preserve her relationships, she assumed the fault lay with her. She remembers an incident from age four, "I thought I'd fail the test for kindergarten and they'd find out I was stupid... I thought there was something wrong with me living in my head all the time... like something is missing." Janet also remembers feeling that it must be her fault that her parents did not attend to her, "I thought I must be bad," she said. There were starkly alternative versions of fact in Janet's world. one version (eg. that her mother was sick) was felt to be true, but had to be kept secret, the other version (eg. that her mother was not sick) was felt to be false, but needed to be supported. The result was that both versions achieved a level of reality. Janet's mother could be sick and not sick; Janet could be the confused stupid girl with something missing, and the fearless scout.

A variety of unconscious forces were operative in Janet's development including identification with her sick mother, confusions about her sexuality, and oedipal issues. However, the focus here is on two particular preconscious mechanisms which were at work in her mind. She developed a secret sense of herself as negative and devalued, and she developed a way of dealing with what

seemed to be unresolvable conflicts which allowed her to maintain contradictory views of the same situation. I argue that these mechanisms became part, for Janet, of her cognitive mode of dealing with the world, and that this mode of adaptation is a typical response to particular kinds of early psychic trauma.

Commonly experienced as conscious but only half acknowledged terrible truths, children exposed to real parental inadequacy or childhood trauma, are frequently aware on a preconscious level of beliefs which go counter either to their family's prevailing view of the way things are, or to their own prevailing view of the way things should be. The result is a secret belief that the prevailing view is a lie, coupled with a need to maintain the fantasy of that lie. When these children grow to adulthood, the result of this defensive process can be the development of a conscious "Secret Self" growing in parallel to the rest of the personality, and a unique cognitive style involving an ability to function with two quite disparate, and often contradictory, views of reality.

The mechanism I am describing here is an elaboration of one which Freud briefly described in one of his final works, an unfinished paper entitled "Splitting of the Ego in the Process of Defence" (1940). Freud begins:

> I find myself for a moment in the interesting position of not knowing whether what I have to say should be regarded as something long familiar and obvious or as something entirely new and puzzling. But I am inclined to think the later. (p. 275)

Freud goes on to say "I have at last been struck by the fact that the ego of a person whom we know as a patient in analysis must, dozens of years earlier, when it was young, have behaved in a remarkable manner in certain particular situations of pressure .... under the influence of a psychical trauma."

Freud (1940) argued that one way to deal with a conflict between a painful reality and a powerful wish is to paradoxically negate the reality while taking it into account. Speaking of the patient in this conflict, Freud said, "On the one hand, with the help of certain mechanisms he rejects reality and refuses to accept any prohibition; on the other hand, in the same breath he recognizes the danger of reality, takes over the fear of that danger as a pathological symptom and tries subsequently to divest himself of the fear." The result, Freud argued, is a "to and fro between disavowal and acknowledgement," and "a rift in the ego which never heals but which increases as time goes on."

The mechanism of disavowal has subsequently been overlooked in the psychoanalytic literature, as has the mode of cognition associated with it. The term is frequently used as a synonym for "denial." Yet, Freud's translators used "denial" and "disavowal" separately because the words have related but separate meanings in the english language, and it is likely that Freud had separate processes in mind. I argue that while both terms refer to a process of negation, "disavowal" implies the opposite of acknowledgement, while "denial" implies the opposite of awareness. That is, disavowal involves negation coupled with consciousness, while denial involves negation without consciousness.

When faced with a painful reality, our urge is to not see, to turn away. This is the paradigm for the process of denial. Like an amoeba turning from a too bright light, or a newborn human blinking at a flashbulb, the mechanism is potentially primitive. Disavowal is a more complex phenomenon. For example, when a smoker looks at a billboard advertising cigarettes which contains a warning message in letters two feet high that smoking causes heart disease,

emphysema, etc., the person may be able to see the message, read and understand the words, yet not acknowledge their significance. Although in popular usage one might say that the significance of the message is "denied," I would argue that it is more accurate to reserve the term "denial" to situations where there is no awareness of an event, and to say, in the above example, that the message is "disavowed."

The psychological distinction between denial and disavowal is more than semantic. I am discussing the significant clinical distinction between events which remain in awareness but are not acknowledged, and events for which there is no awareness. To use the same term for processes of negation which differ on this key dimension of awareness blurs this distinction, and treats two processes as if they were one. Further, of critical importance in this distinction is the mental work necessary when a fact is disavowed, in contrast to when it is denied. To know something and yet not know it involves a particular cognitive ability which is both a hallmark of disavowal, and becomes, in Hartmann's (1939) terms a favored means of adaptation in those for whom disavowal is an early defense mechanism.

I believe that the neglected essence of Freud's argument in "Splitting of the Ego in the Process of Defence" is that early psychic trauma results in a specific alteration in cognitive function, a change in the way the mind works. Freud described this process poetically as "a rift in the ego." Yet, he seems to have meant more than a static condition involving isolated ego segments implied by the term "splitting." He commented, "the whole process seems so strange to us because we take for granted the synthetic nature of the processes of the ego." Freud was discussing a dynamic process which actively keeps

elements apart, rather than brings them together as in the more usual function of the ego. I propose what I believe is a more descriptive term for this clinical phenomenon.

In the novel 1984, George Orwell (1949) describes a future world which has, as one of its "sacred principles," the process of "doublethink". In Orwell's words:

> Doublethink means the power of holding two contradictory beliefs in one's mind simultaneously, and accepting both of them... To tell deliberate lies while genuinely believing in them, to forget any fact that has become inconvenient, and then, when it becomes necessary again, to draw it back from oblivion for just so long as it is needed... -- all this is indispensably necessary. (p.176)

For Janet, the central motivation for her doublethink ability was her need to deal with her mother's depressions. The reality, for Janet, of this chronic trauma needed to be negated, but also kept in awareness so that she could form appropriate coping strategies. However, once developed, Janet's doublethink ability carried over into her other early fantasy life, and was evident in her cognitive style as an adult. In fact, it was partly through understanding of the many day-to-day examples of this style and its pervasiveness that its role in Janet's early life became clear to both of us. Janet frequently experienced the sense that what she felt to be real was also felt to be unreal. Further, this was such a usual occurrence for her that the experience was quite syntonic. Janet once talked, for example, about her real fear that she would be fired from her high level job for failing to return a paper punch she had borrowed overnight. Janet knew, of course, that this was an impossibility, yet that knowledge was able to coexist easily with her fear.

Associations to the experience of the tension between contradictory realities led Janet to many other "doublethink" events. Clinically, attending to the doublethink process revealed levels of interplay between conscious and unconscious forces, in current fantasies and in early fantasies, which otherwise would not have been easily accessible.

Thus, there appears to be a specific cognitive mechanism which is initiated through the process of disavowing early trauma, and there is considerable heuristic value in attending to this mechanism in psychotherapy and psychoanalysis. While time limitations do not allow us to explore the issue in detail here, I believe that doublethink phenomena are common in clinical experience, yet their significance has been neglected. This is in part because it is often difficult for therapists themselves to cognitively and emotionally comprehend the reality of the doublethink experience for their patients. For example, in a classic paper comparing denial and repression, no less an analyst than Edith Jacobson (1957) reports a detailed case study of an individual who suffers from the consequences of early parental inadequacy, and who exhibits doublethink ability. Jacobson describes the frustrating incongruities of her patient's defensive style, and then comments, "the way his defenses operated calls to mind the joke about the man who, accused of having borrowed, damaged, and failed to return his neighbor's pot, claims (1) that he returned it intact; (2) that it was broken to begin with; and (3) that he never borrowed it in the first place."

Although it was unintentional, Jacobson's joke is an apt metaphor for the doublethink process. The joke also reflects the countertransference impact of the illogic involved in this defense. It is disconcerting to deal with a way

of thinking in which pots can be borrowed and unborrowed, broken and unbroken at the same time, especially when the description of these events is accompanied by the peculiar state of unbothered confusion typical of doublethink. In the novel 1984 "doublethink" was an instrument of the State used to maintain confusion. Orwell wrote:

> The Ministry of Peace concerns itself with war, the Ministry of Truth with lies, the Ministry of Love with torture, and the Ministry of Plenty with starvation. These contradictions are not accidental, nor do they result from ordinary hypocrisy: they are deliberate exercises in doublethink. For it is only by reconciling contradictions that power can be retained indefinitely.... the prevailing mental condition must be controlled insanity. (p. 178)

The "to and fro between disavowal and acknowledgement" characteristic of the doublethink process creates confusion not only in the patient but in the therapist as well. Helping patients deal with this cognitive style created by early psychic trauma, requires belief in the patient's experience of consistent contradictions, and a firm commitment to exploration of the patient's conscious and preconscious thought, in addition to unconscious processes.

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